



**DEPARTMENT OF CORRECTIONS  
MONTANA STATE PRISON  
OPERATIONAL PROCEDURE**

Procedure No.: MSP 5.5.102	Subject: <b>FAMILY DAY ACTIVITIES</b>	
Reference: MSP 1.1.3, Organization and Responsibility		Page 1 of 4, plus 1 attachments
Effective Date: July 1, 2006		Revision Date: (new effective date) May 30, 2007
Signature/Title: /s/ Mike Mahoney / Warden		

**I. PURPOSE:**

To establish procedures for one Family Day as an inmate special activity for the Low Side and one for the High Side on a yearly basis. Family Day activities are a privilege extended by the Administration and may be authorized if all of the provisions of policy are complied with, inmate behavior warrants such activity, and funding is approved.

**II. DEFINITIONS:**

Immediate family member - for the purpose of this procedure includes parents or stepparents, siblings, grandparents, spouse, and children or stepchildren.

**III. PROCEDURES:**

**A. General Criteria:**

1. One Family Day activity may be allowed on an annual basis for the MSP Low Side Compound and High Side Compound. The activity for each compound may be split up into two days if the number of participants is too high.
2. Low Side Family Day may generally occur in May around Memorial Day.
3. High Side Family Day may generally occur in September around Labor Day.
4. Inmates housed in Locked Housing and MDIU are not eligible to participate in Family Days.
5. Overall inmate behavior of each compound during the past year will be a consideration of whether a Family Day request is approved or disapproved.
6. All costs related to family day, including staff supervision and the meal, will be funded from the IWF as outlined in *DOC 1.2.12, Adult Inmate Welfare Accounts/Miscellaneous Revenues*. Any time there will be an expenditure of IWF funds, a purchase request must be processed through the IWF representatives for approval, and approved by accounting for availability of funds, prior to the event, allowing sufficient time for the purchase to be complete.
7. Three sponsors, one Lieutenant, and 12 Correctional Officers must be assigned and present for each Family Day activity. The Security Major may adjust the Correctional Officer staffing as necessary based on the number of participants.
8. No "special visits" are allowed.
9. No toys or special gifts will be given out.

**B. Requests**

1. The low and high side compound IWF representatives will arrange for staff sponsors who will fill out a *Family Day Request Form* (see attachment A). Entries on the request form must include:

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- a. Specifics concerning the proposed location, date and time, activity schedule, inmate names for work crews that will be performing setup, serving, and cleanup tasks (work crews members must have at least six months clear conduct), equipment to be used, staff sponsor, etc.
  - b. The list of approved inmates and the corresponding visitors to be invited to the Family Day.
    - 1) All inmates listed must have at least six months clear conduct verified by the Unit Management Team.
    - 2) An approved inmate may invite up to five immediate family members from their current approved visiting list. For the purpose of this policy immediate family members include parents or stepparents, siblings, grandparents, spouse, and children or stepchildren.
    - 3) No “special visits” are allowed.
    - 4) For children who will be attending with a grandparent or grandparents, a waiver permission slip must be processed and approved at least two weeks prior to the activity.
  - c. Signatures of MSP staff overseeing the Family Day, affirming their acceptance of the responsibility.
2. The sponsor must submit the completed Family Day Request packet to the MSP Administration for review and approval at least 90 to 120 days in advance of the activity to ensure final approval is completed at least 60 days prior to the activity.
- a. Family Day may be disapproved or cancelled if the required paperwork is not in the required format or is submitted late.
  - b. If the request is approved by the Administration the staff sponsor will inform the approved inmates that they may inform their approved visitors that they can attend the Family Day activity (see section D.1. below).
  - c. Disapproved proposals will be returned to the staff sponsor with the reasons for the disapproval. The sponsor will notify the IWF representatives.
  - d. No additions or substitutions will be authorized following the final approval.

**C. Sponsor’s Responsibilities:**

*MSP Policy 5.5.103, Staff Sponsors* outlines specific requirements and responsibilities of sponsors, including the following:

1. Must initiate and complete all paperwork associated with the Family Day.
2. Must oversee all activities of the Family Day.
3. Must be present during set up and clean up for the Family Day, and shall monitor the inmate workers at all times.
4. Must ensure adequate security coverage is provided for the activity as determined by the administration.
5. Must ensure the Family Day complies with MSP policy and procedure.
6. Must coordinate approval of any meals with the Administration and Food Service Director.

**D. Specific Limitations and Prohibitions:**

1. Invitations:
  - a. An approved inmate may submit the names of up to five immediate family members from their current approved visiting list to the sponsor for approval to attend/invite. Each person must be listed individually. Children of any age are

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- permitted, but their legal guardian must be included as one of those submitted. “Blanket” entries such as John Doe “and family,” or “and spouse” will not be accepted.
    - b. When the inmate receives the names of those who have been approved to attend he may invite them to attend.
    - c. The sponsor will generate a master list of each visitor who has been approved to attend and attach it to the final paperwork. No additions or substitutions will be authorized once the list is approved. Entrance post staff will use this list on the day of the activity to screen those who show up for entry, and will keep it as a “count” of visitors who are on the grounds.
  2. Security Inspections:
    - a. All visitors are subject to normal entrance procedures.
    - b. Pat search and all other security procedures may occur at any time during the activity.
  3. Inmate/Visitor Contact:
    - a. Inmate-visitor contact will be limited to handholding only. Violations will result in immediate removal from the premises and possible termination of subsequent visiting privileges.
    - b. No items may be exchanged between inmates and visitors.
  4. Work Crews:
    - a. Must be limited to the lowest number of inmates needed for the tasks, not to exceed 14.
    - b. Must be limited to the lowest custody inmates in the group, and they must have at least six months clear conduct.
    - c. Must be limited to the shortest possible time constraints to perform the tasks.
      - 1) The inmates approved for setup/cleanup tasks will be sent back to their housing unit after the setup is completed. They will be called for and released for cleanup tasks after the activity is over. If an inmate assigned to the setup/cleanup crew is an approved inmate for the activity he will be sent back to his unit and return when called for.
      - 2) The inmates approved for food serving tasks will be released from their housing units during the time frame for the meal.
      - 3) The inmates designated for music, photographs, and recreational activities will only be at the activity site during the time frame for the specific activity.
  5. Scheduling Considerations:
    - a. Planning, setup, and takedown/cleanup activities should be scheduled to minimize disruptions to regularly scheduled facility programs and activities.
    - b. Actual Family Day functions must be scheduled between 0900 and 1600 hours, with the day and time frame scheduled to minimize disruptions.
    - c. Regularly scheduled activities in the Gym, RAC, and Visiting Room may be interrupted for a Family Day activity.
  6. Meals:
    - a. MSP Food Service will provide all meals, beverages, disposable tableware, and serving utensils for a Family Day activity. ***No outside vendor prepared meals or food will be allowed.***
    - b. Each Inmate Housing Unit Representative may provide reasonable suggestions for the menu items, but the MSP Administration will have the final approval.

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- c. Meals will include main entrée(s), salads, desert, pop, and coffee.
  - d. The sponsor will dispose of all leftover food and beverages in the proper manner. They will not be left at the activity area(s) or taken to the housing units. No exceptions.
- 7. Cancellation:
  - a. The Administration may cancel or terminate if there are concerns related to the safety, security, or orderly operation of the facility.
  - b. Cancellation, early termination, or transfer to another location may be necessary if there is inclement weather.
  - c. Inappropriate inmate and/or visitor behavior during the Family Day activity may be cause for immediate cancellation of the rest of the day's activities.
  - d. If an approved inmate engages in unacceptable behavior between the time he is approved and the start of the activity, he and his visitors will not be allowed to attend.
  - e. After each Family Day activity the MSP Administration will review the outcome for continuation of the practice. Incidents that impact security or the orderly operation of the facility may result in the suspension or termination of all Family Day privileges in the future.

#### **IV. CLOSING:**

Questions concerning this operational procedure shall be referred to the Security Major.

#### **V. ATTACHMENTS:**

*Family Day Packet* (attachment A)

**PROPOSAL**

**FOR**

**THE LOW/HIGH SIDE**

**FAMILY DAY**

**ACTIVITY**

**Monday, May/September x, 200x**

## **MSP Inmate Activity or Organization Sponsor Application Form**

Staff Name: \_\_\_\_\_

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_

Organization or Activity Seeking Sponsor Status For: \_\_\_\_\_

How long have you been an employee of MSP/MCE? \_\_\_\_\_

Are you currently the primary sponsor of any other activity, inmate organization, or event? YES NO  
If YES what activity or event are you currently sponsoring? \_\_\_\_\_

If you are currently sponsoring an activity what day is it scheduled for? \_\_\_\_\_

Have you sponsored any other activities, events, or organizations in the past year? YES NO  
**If YES what activities, events, or organizations have you sponsored?** \_\_\_\_\_

If you sponsored an activity or activities what day(s) were they held ? \_\_\_\_\_

What is the reason or rationale for your application to sponsor this inmate activity or organization?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Projected number of hours or time required to be the sponsor requested on this form: \_\_\_\_\_

Term of Sponsorship: \_\_\_\_\_

**By my signature below I acknowledge that if approved to be a sponsor I am required to comply with the provisions of *MSP Operational Procedure 5.5.103, Inmate Organization & Special Activity Sponsors* and all applicable DOC and MSP policies, rules, and procedures in carrying out my duties and tasks as a sponsor.**

Signature of Requesting Staff Person: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of Inmate Organization Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of Security Major: \_\_\_\_\_ Date: \_\_\_\_\_

## AGENDA

**NAME OF ACTIVITY:** Low/High Side Inmate Family Day  
**DATE OF ACTIVITY:** Monday, May/September x, 200x  
**TIME OF ACTIVITY:** 0800 hrs to 1730 hrs  
**LOCATION:** Low/High Side Gym and Surrounding Area  
**SPONSORS:**

XXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXX

### **NOTATION:**

This activity is for the General Population of the Low/High Side Compound. We propose the following schedule and agenda to be approved by the Administration.

### Security:

Each Family Day activity must have the number of security personnel as determined by the Security Major or designee. This Family Day will have xx Lieutenant and xx Correctional Officers. The Shift Commander will assign the security staff.

### Sponsors:

The three staff sponsors listed above will coordinate and oversee the activity.

### Inmate Workers:

The staff Sponsors and Security Staff assigned to work at the Family Day activity will supervise the listed inmate workers who must have at least six months clear conduct.

The designated setup/cleanup workers will help with the preparation of the gym for the event, setting up the tables and chairs, and ensuring that the activity area is properly cleaned afterwards. Those not assigned as servers will return to their housing unit after the setup is complete. They will be called out for cleanup duties when all attendees have left the area and will be returned to their assigned housing units before 1730 hours. The designated servers will serve the food. These workers will be selected from the workers who are assigned to do setup and cleanup duties. They will be allowed to stay at the event site for the duration. They will be returned to their assigned housing units before 1730 hrs.

The photographer will stay at a table with a Correctional Officer and will only take photographs of inmates and their family visitors. The Correctional Officer will collect the money (*or take photo coupons*) for the photographs. The visitors will pay (*or exchange photo coupons*) for the photos that are taken. He will be called for at 1100 hours and will be sent back to his unit at 1600 hours.

The approved music inmate will operate the sound system. A sponsor will supervise him. He will be called for at 1100 hours and will be sent back to his unit at 1600 hours.

The photographer, music inmate, and servers will eat after the Visitors, inmate attendees, Staff Sponsors, and Security Staff assigned to work the activity have been served.

**NOTE:** the inmate workers and participants will be required to be fully and properly dressed in State issued clothing prior to leaving their housing units for the activity and must remain fully and properly dressed at the activity. Violators will be terminated from the event *and will receive a Disciplinary Infraction Report*.

Any worker that is not working will be returned to his unit. **If there is no work to be done all workers will be returned to their units.**

#### Counts:

The sponsors will conduct inmate census checks at 0930 hours and 1330 hours. These checks will be conducted and documented according to MSP 3.1.21, Inmate Counts. The sponsors will familiarize themselves with these procedures. Security staff will assist.

#### Call-Out:

Inmates will be placed on a call-out sheet for this activity and sponsors will contact the units to release the inmate to attend the activity.

All inmates will be strip or pat searched coming to the event and strip searched prior to leaving.

Inmate participants will be required to be fully and properly dressed in State issued clothing prior to leaving their housing units for the activity and must remain fully and properly dressed at the activity. Violators will be terminated from the event and will receive a Disciplinary Infraction Report.

Inmates will enter the High Side Gym and surrender their ID card to Security staff at the front door. Standard security procedures will be administered to return inmates to their units.

#### Visitors:

Approved visitors will be admitted from 1 **xxx** hrs until 1400 hrs. They will be processed through the Visitors entrance area and escorted to the activity location. Visitors will be escorted to and from the area by Security staff after they have been escorted to the activity site by visitation staff.

**Note: No visitors will be admitted after 1400 hrs. NO EXCEPTIONS!**

#### Food, Beverages, and Serving Utensils/Equipment:

The meal for this Family Day activity will be provided by MSP Food Service and will include main entrées, salads, desert, pop, and coffee. The menu items will be approved prior to the event. No outside vendor prepared food will be allowed. If ice is needed it will also be from Food Service.

A sponsor will pick up the meal and serving items at the High Kitchen between 1100 hrs and 1300 hrs. The sponsor will inspect the items and deliver them to event area. Meal serving will begin at 1300 hrs.

The sponsors will dispose of all leftover food and beverages in the proper manner. They will not be left at the activity area(s) or taken to the housing units. No exceptions.

#### Games:

Pre-approved games will be held for the participating children attending the activity.

#### Music:

The Recreation Department will provide music for this activity. One inmate will be approved to be in charge of music selection and equipment usage. A sponsor will supervise him.

#### Restroom Usage:

Inmates will use the restroom in the Gym.

Visitors will use the restrooms in the **Low Visiting Room/RAC building**.

#### Special Notation:

**The RAC building is completely off limits to any inmate** during the Family day activity. There will be no inmates escorting any of the visitors. Any breach of these two stipulations will result in disciplinary action and a review of the Family Day privilege.

## ITINERARY

**NAME OF ACTIVITY:** Low/High Side Inmate Family Day  
**DATE OF ACTIVITY:** Monday, May/September x, 200x  
**TIME OF ACTIVITY:** 0800 hrs to 1730 hrs  
**LOCATION:** Low/High Side Gym and Surrounding Area  
**SPONSORS:**

XXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXX

08xx hrs. – sponsor will chit out storage area and other necessary keys from xxxxxxxx.  
08xx hrs. – sponsor will pickup the Cushman and trailer from xxxxxxxx.  
08xx hrs. – sponsor(s) will pickup the tables and chairs from storage.  
08xx hrs. – sponsor will pickup the sound system and music CD's and/or tapes from Recreation.  
08xx hrs. – sponsor will pickup the camera and film from visiting staff.  
09xx hrs. – sponsor will call the units to have the setup/cleanup workers sent to the gym.  
09xx hrs. – sponsors will pickup the food and food serving equipment at the high kitchen.  
09xx hrs. – sponsor will call the unit to have the inmate music worker sent to the gym.  
09xx hrs. – sponsor will call the units to inform them of unnecessary workers being sent back to their units.  
0930 hrs. – sponsor(s) and/or security officer(s) conduct the **Census count**.  
1100.hrs. – visitors start arriving at the entrance.  
11xx hrs. – sponsor will call the unit to have the inmate photographer sent to gym.  
11xx.hrs. – assigned security staff escort the first group of visitors from lobby entrance to the gym.  
11xx hrs. – sponsor will call the units to send approved inmates whose visitors have arrived.  
11xx hrs. – the meal is served.  
11xx hrs. – children's games begin.  
1330 hrs. – sponsor(s) and/or security officer(s) conduct the **Census count**.  
1400 hrs. – entrance staff will finish processing visitors. Late visitors won't be allowed in.  
1530 hrs. – sponsor will call the unit to inform them that the inmate photographer is being sent back to the unit.  
1530 hrs. – sponsor will call the unit to inform them that the inmate music worker is being sent back to the unit.  
1600 hrs. – Event ends. Security staff will escort the visitors out. Sponsor will call units to inform them that all inmate participants are being sent back to their units.  
16xx hrs. – sponsor calls the units to have the inmate workers sent to the gym to do cleanup.  
16xx hrs. – cleanup is complete. Sponsor escorts the workers back to their units (no later than 1730 hrs.)  
17xx hrs. – sponsors will return food serving equipment and all leftover food to the high kitchen.  
17xx hrs. – sponsors will return the tables and chairs to the storage area.  
17xx hrs. – sponsors will return the sound system and music CD's and/or tapes to Recreation.  
17xx hrs. – sponsors will return the camera and film to visiting staff.  
17xx hrs. – sponsors will return the Cushman and trailer to xxxxxxxx.  
18xx hrs. – sponsor will return keys to xxxxxxxx and get their chits.

**Cancellation or early termination may be necessary in the event there is a failure to abide by the approved procedures for carrying out the activity or there is inclement weather.**

**LOCATION AUTHORIZATION**

**NAME OF ACTIVITY:** Low/High Side Inmate Family Day  
**DATE OF ACTIVITY:** Monday, May/September x, 200x  
**TIME OF ACTIVITY:** 0800 hrs to 1730 hrs  
**LOCATION:** Low/High Side Gym and Surrounding Area  
**SPONSORS:**

XXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXX

**NOTATION:**

We request the use of the Low/High Side Gym the RAC Building, and surrounding area for the Low/High Side Family Day activity. The RAC Building will be completely off limits to all inmates. No inmates will be allowed to escort visitors to or from the RAC building.

We request the use of the Low Side Visiting Room/RAC restrooms for the visitors who will be attending. No inmates will be allowed in these facilities during the event.

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CHIEF OF HABILITATIVE SERVICES,

DATE

## INMATE WORK CREW AUTHORIZATION

**NAME OF ACTIVITY:** Low/High Side Inmate Family Day  
**DATE OF ACTIVITY:** Monday, May/September x, 200x  
**TIME OF ACTIVITY:** 0800 hrs to 1730 hrs  
**LOCATION:** Low/High Side Gym and Surrounding Area  
**SPONSORS:**

XXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXX

The staff Sponsors, with the assistance of the Security Staff assigned to work at the Family Day activity, will supervise the listed inmate workers. The workers will only be allowed to perform the duties they have been assigned on the chart. The workers assigned to perform setup/cleanup tasks will be sent back to their housing units once the setup is complete. The food servers, photographer, and music workers will eat after the Visitors, inmate attendees, sponsors, and security staff have been served. Any worker that is not working will be returned to his assigned housing unit. **If there is no work to be done all workers will be returned to their units.**

Workers must have at least six months without a major write up to be approved.

The number of inmate workers must be limited to the smallest number necessary to accomplish the necessary tasks.

	Assigned Duties	ID#	Inmate (last name, first name)	Unit	Supervisor
1	Setup/Cleanup				Sponsor
2	Setup/Cleanup				Sponsor
3	Setup/Cleanup				Sponsor
4	Setup/Cleanup				Sponsor
5	Setup/Cleanup				Sponsor
6	Setup/Cleanup				Sponsor
7	Setup/Cleanup				Sponsor
8	Setup/Cleanup				Sponsor
9	Setup/Cleanup				Sponsor
10	Setup/Cleanup				Sponsor
11	Setup/Cleanup				Sponsor
12	Setup/Cleanup/Food Server				Sponsor
13	Setup/Cleanup/Food Server				Sponsor
14	Setup/Cleanup/Food Server				Sponsor
15	Music				Sponsor
16	Photographer				C.O.

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ACTIVITY SPONSOR

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DATE

## MEAL & SERVING UTENSIL AUTHORIZATION

**NAME OF ACTIVITY:** Low/High Side Inmate Family Day  
**DATE OF ACTIVITY:** Monday, May/September x, 200x  
**TIME OF ACTIVITY:** 0800 hrs to 1730 hrs  
**LOCATION:** Low/High Side Gym and Surrounding Area  
**SPONSORS:**

XXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXX

We are requesting the following meal items, disposable tableware, and serving utensils from the MSP Food Service for this Family Day.

**PROJECTED NUMBER OF PARTICIPANTS:** \_\_\_\_\_

The beverages will be dispensers of pop, and coffee from Food Service. If refills are needed the sponsor will get the dispensers re-filled at the high kitchen.

The meal will include the following main entrée(s), salads, and dessert:

- Main entrée(s): \_\_\_\_\_
- Salad(s): \_\_\_\_\_
- Dessert: \_\_\_\_\_

Disposable Tableware Needed: \_\_\_\_\_sporks; \_\_\_\_\_plates; \_\_\_\_\_bowls; \_\_\_\_\_cups; \_\_\_\_\_napkins

We are requesting the approval for the use of the following items to serve the meal at the Family Day.

Quantity	Description	Hourly Checks						
		1100	1200	1300	1400	1500	1600	1700

A sponsor will pick up the beverages, food items, and utensils at the High Kitchen between 1100 hrs and 1300 hrs. The sponsors will inspect and search the items and deliver them to the Low/High Side Gym.

Security Staff and the Sponsor will provide the supervision and accountability of the serving items. The sponsor will conduct periodic inventories of the items during the activity.

The beverage dispensers and left over plastic ware will be returned to Food Service.

The sponsors will dispose of all leftover food and beverages in the proper manner. They will not be left at the activity area(s) or taken to the housing units. No exceptions.

**Staff not assigned to work at the Family Day activity will not be allowed to eat or remove food items.**

\_\_\_\_\_  
FOOD SERVICE DIRECTOR

\_\_\_\_\_  
DATE

## CUSHMAN & TRAILER AUTHORIZATION

**NAME OF ACTIVITY:** Low/High Side Inmate Family Day  
**DATE OF ACTIVITY:** Monday, May/September x, 200x  
**TIME OF ACTIVITY:** 0800 hrs to 1730 hrs  
**LOCATION:** Low/High Side Gym and Surrounding Area  
**SPONSORS:**

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XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX
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We are requesting the approval for the use of one Cushman and a utility trailer from 0800 hours to 1730 hours on the day of the Family Day activity. This equipment will be used to transport approved items and equipment (food, tables, etc).

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MAINTENANCE SUPERVISOR

DATE \_\_\_\_\_

## KEY AUTHORIZATION FOR TABLE & CHAIR STORAGE LOCATION

**NAME OF ACTIVITY:** Low/High Side Inmate Family Day  
**DATE OF ACTIVITY:** Monday, May/September x, 200x  
**TIME OF ACTIVITY:** 0800 hrs to 1730 hrs  
**LOCATION:** Low/High Side Gym and Surrounding Area  
**SPONSORS:**

XXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXX

We request authorization to be issued the necessary key(s) to access the storage location for the 'Special Activities' tables and chairs on the morning of the activity and return them to storage after the activity. The sponsors will follow proper key control procedures as outlined and instructed by the MSP Locksmith. The sponsors will load and unload the tables and chairs on the approved Cushman and trailer at the storage location. Correctional staff assigned to the activity will help if necessary.

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SECURITY MAJOR

DATE

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We are requesting the use of tables and chairs from the Low Side Library for the Low Side Family Day. The sponsor will supervise approved inmate workers who will pick up the tables and chairs from the Low Side Library on the morning of the activity and set up them up at the Low Gym. The chairs and tables will be cleaned and returned after the event.  
The Library will need to be unlocked by the Low Support officer.

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CHIEF OF HABILITATIVE SERVICES,

DATE

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We are requesting the use of tables and chairs from the Low/High Side Visiting Room for the Family Day. The sponsor will supervise approved inmate workers who will pick up the tables and chairs from the Low/High Side Visiting Room on the morning of the activity and set up them up at the Low/High Gym. The chairs and tables will be cleaned and returned after the event.

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VISITING OFFICER

DATE

## INMATE PHOTOGRAPHER AUTHORIZATION

NAME OF ACTIVITY: Low/High Side Inmate Family Day  
DATE OF ACTIVITY: Monday, May/September x, 200x  
TIME OF ACTIVITY: 0800 hrs to 1730 hrs  
LOCATION: Low/High Side Gym and Surrounding Area  
SPONSORS:

XXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXX

### SPECIAL EQUIPMENT:

Visiting room camera and film.

### NOTATIONS:

- We are requesting the authorization to use the Low/High Side Visiting Room camera, film, and inmate photographer, name: \_\_\_\_\_, ID# \_\_\_\_\_, unit \_\_\_\_\_, for the Low/High Side Family Day.
- The photographer will stay at a table with a Correctional Officer and will only take photographs of inmates and their family visitors. The Correctional Officer will collect the money (*or take photo coupons*) for the photographs. The visitors will pay (*or exchange photo coupons*) for the photos that are taken.
- The sponsor will call the photographer's housing unit at 1100 hours to have him sent to the activity. He will be sent back to his unit at 1530 hours. He will eat at the activity.
- The C.O. will give the photo money (*or take photo coupons*) to the sponsor to be placed in trust. The photographer will maintain a log of the paid photographs. He will give the log to the sponsor prior to returning to his unit at 1530 hours.
- Staff are prohibited from posing in or taking photographs.
- Other inmates are prohibited from taking photographs.

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VISITING OFFICER,

DATE

## **RECREATION SOUND SYSTEM AUTHORIZATION**

**NAME OF ACTIVITY:** Low/High Side Inmate Family Day  
**DATE OF ACTIVITY:** Monday, May/September x, 200x  
**TIME OF ACTIVITY:** 0800 hrs to 1730 hrs  
**LOCATION:** Low/High Side Gym and Surrounding Area  
**SPONSORS:**

XXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXX

### **SPECIAL EQUIPMENT:**

Stereo/sound system with speakers  
CD's or taped music

### **NOTATIONS:**

We are requesting the use of a Recreation Department stereo/sound system and low/high side inmate Recreation worker, name: \_\_\_\_\_, ID# \_\_\_\_\_, unit: \_\_\_\_\_, who will operate the stereo/sound system for the Family Day from 0930 hours until 1530 hours.

The staff Sponsors and the Security Staff assigned to work at the Family Day activity will supervise the above listed inmate who will coordinate the music at the Family Day. If he is not working he will be returned to his unit.

Only the loaned CD's or taped music will be played.

The music will be kept at a low volume (no loud music) during the activity.

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RECREATION MUSIC DIRECTOR

DATE

## INMATE VISITOR LISTING

**NAME OF ACTIVITY:** Low/High Side Inmate Family Day  
**DATE OF ACTIVITY:** Monday, May/September x, 200x  
**TIME OF ACTIVITY:** 0800 hrs to 1730 hrs  
**LOCATION:** Low/High Side Gym and Surrounding Area  
**SPONSORS:**

XXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXX

**Inmate:**  
**Return this form to**  
**(primary sponsor) by /**  
**/**  
**Late forms will not**  
**be accepted.**

Inmate: \_\_\_\_\_  
Name (last, first) ID# Unit

The Unit Management Team has verified that you meet the requirements to attend Family Day. You may invite up to five immediate family members (parents or stepparents, siblings, grandparents, spouse, and children or stepchildren) who are currently on your approved visitors list. Please fill in the name, age, and relationship lines for each person you wish to invite and get it to <primary sponsor's name here> before \_\_\_\_/\_\_\_\_/\_\_\_\_. No special visits are authorized.

### INVITED VISITORS:

	<i>Name</i>	<i>Age</i>	<i>Relationship</i>
#1	_____	_____	_____
#2	_____	_____	_____
#3	_____	_____	_____
#4	_____	_____	_____
#5	_____	_____	_____

### This Box For Visiting Staff Use Only

<i>Approved</i>	<i>Disapproved</i>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

You must maintain clear conduct up to and including the day of the activity.

You will be strip-searched at the beginning and end of the activity, and you will be subject to a search (strip or pat) at any time during the activity.

You will only be allowed to use the restroom located in the gym.

Please relay the following information to your approved visitors before the day of the activity to help avoid problems:

- The event will begin at xxxx hours, so they need to arrive at the prison no sooner than xxxx hours.
- They must follow all regular visiting procedures and rules.
- They need staff escort to the Low Side Visiting Room/RAC to use the restroom.

Any violation of these guidelines could result in termination of future Family Day activities.

**We hope that everyone will enjoy themselves.**

The listed visitors are approved/disapproved as checked in the staff use only box.

\_\_\_\_\_  
VISITING OFFICER DATE

**List Of Approved Inmates & Visitors For Low/High Side Inmate Family Day, Monday, May/September X, 200x**

[illegible]

## ACTIVITY SPONSOR

DATE \_\_\_\_\_

**ADMINISTRATIVE REVIEW APPROVAL**

**NAME OF ACTIVITY:** 200x High Side Family Day  
**DATE OF ACTIVITY:** xxxxxday, September x, 200x  
**TIME OF ACTIVITY:** 0800 hrs to 1730 hrs  
**LOCATION:** High Side Gym and Surrounding Area  
**SPONSORS:**

XXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXX

\_\_\_\_\_  
SECURITY MAJOR                      DATE

\_\_\_\_\_  
SHIFT COMMANDER                      DATE

\_\_\_\_\_  
ASSOCIATE WARDEN                      DATE

\_\_\_\_\_  
ASSOCIATE WARDEN                      DATE